



# Stratford College

Co-educational Secondary School

## STUDENT HEALTH INFORMATION FORM

Name: .....

Date of Birth.....

Name and address of parent/guardian (s) **PLEASE PRINT**

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.....

Telephone Numbers

Mother.....

Father.....

### Health Information

*Complete the following, if relevant, and return to the school). Please enclose any and all relevant documentation which may be of help to the school in this matter.*

What is the name of the condition?

.....

When was the condition diagnosed?

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What are the areas of risk? (if any ; these should be clearly defined)

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What are the known triggers, if any?

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What is the prognosis, if any?

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How was the student supported in primary school?:

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Additional Information

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**Completion of this form does not mean that Stratford College is responsible for the medical condition of your son/daughter. Furthermore the school has no obligation to administer medication. Please request Administration of Medicine Form from the school office if relevant.**

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

Date: \_\_\_\_\_